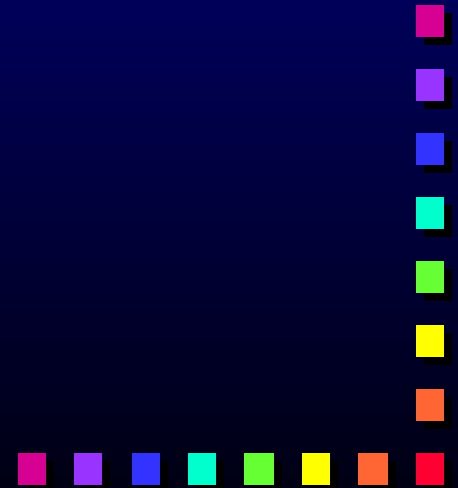


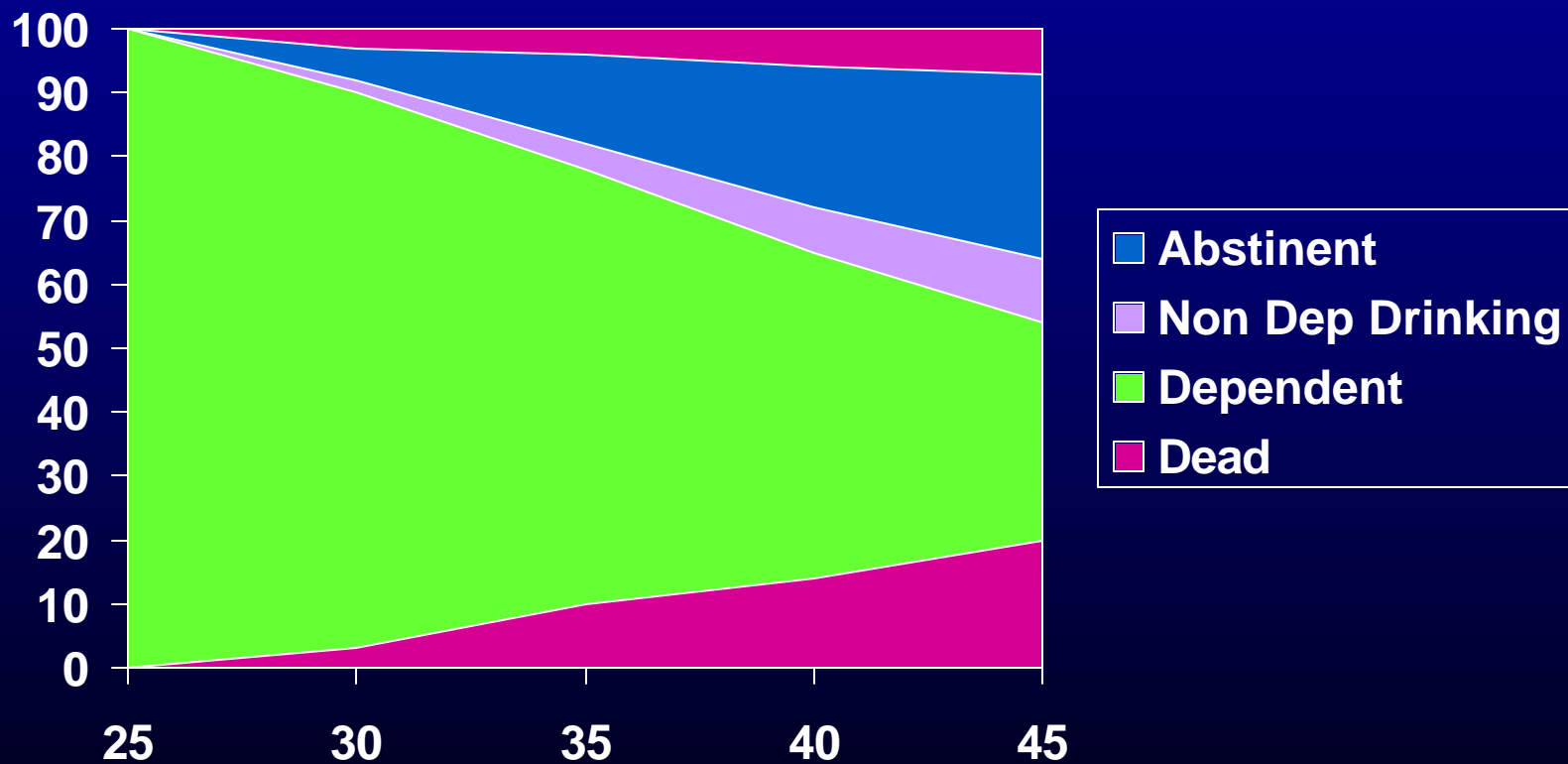
Outcomes in SUDs

1 year following treatment

- 20-30% permanent remission
- 40-50% substantial improvement
- 20% no effect

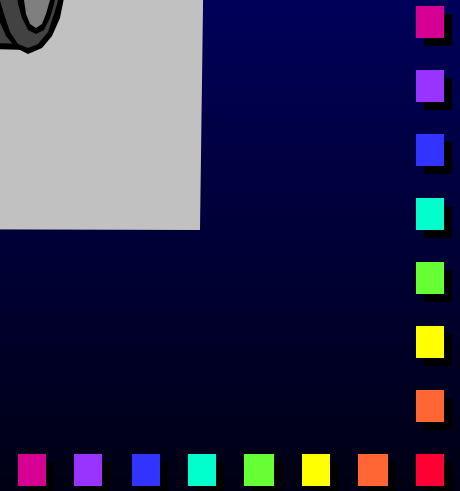
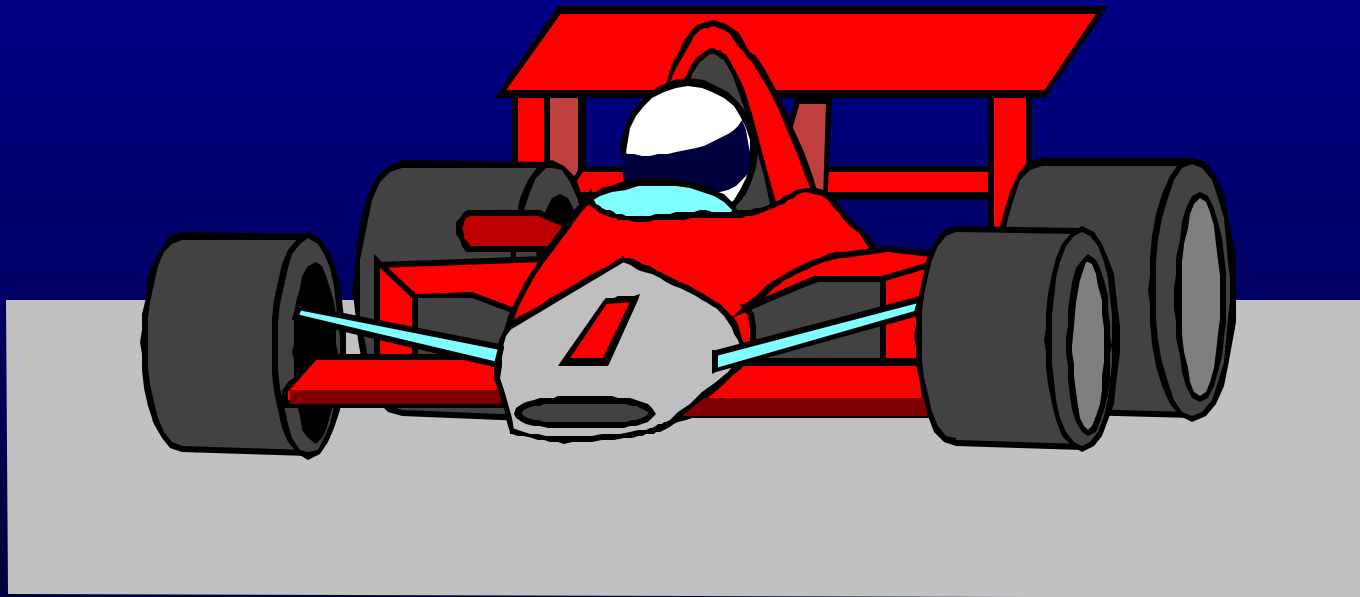


Course of Alcohol Dependence

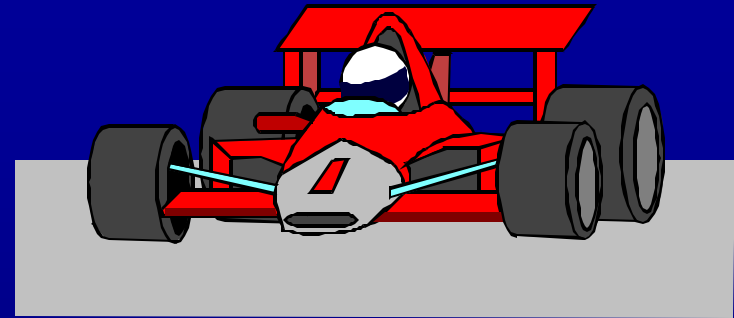


Vaillant, 1994

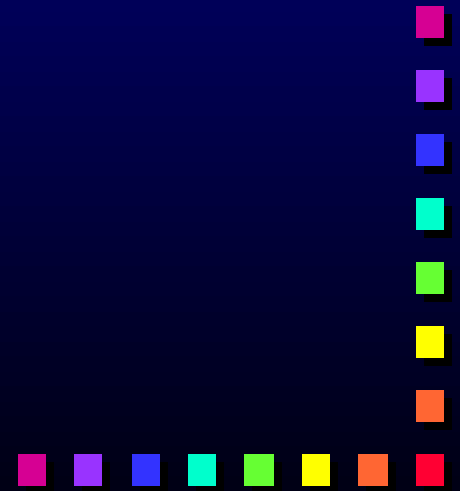
So (if you buy my argument so far) we need a new model...



A model that:

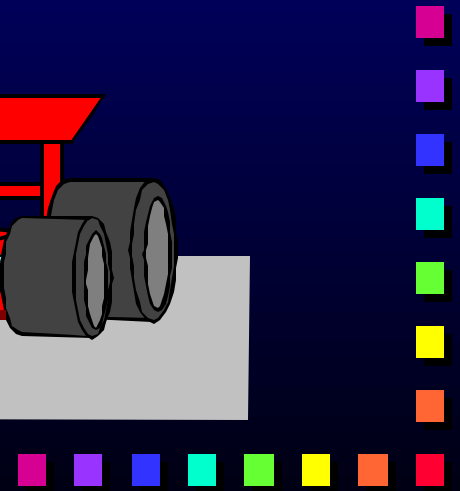
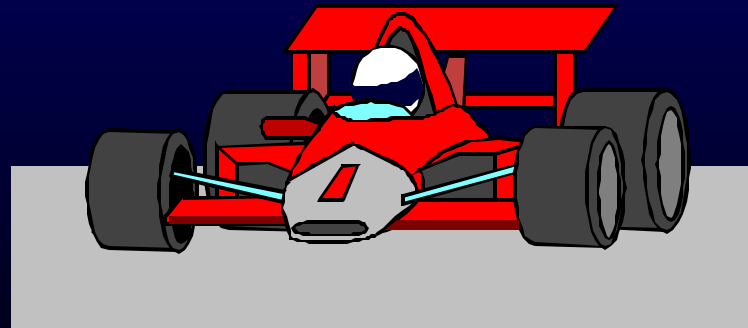


- Accepts chronicity
- Recognizes limits of treatment methods
- Is palliative (non-curative) in nature

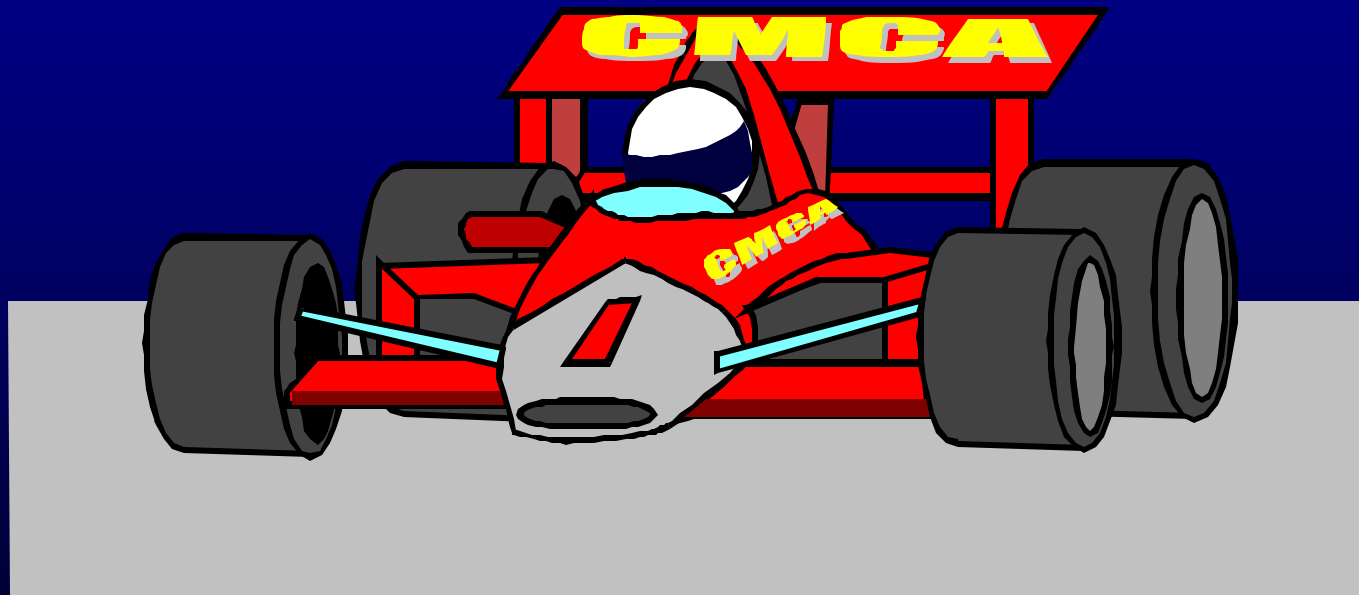


A model that:

- Stresses long term management (years to decades)
- Treats addiction like other chronic diseases such as bipolar disorder or diabetes



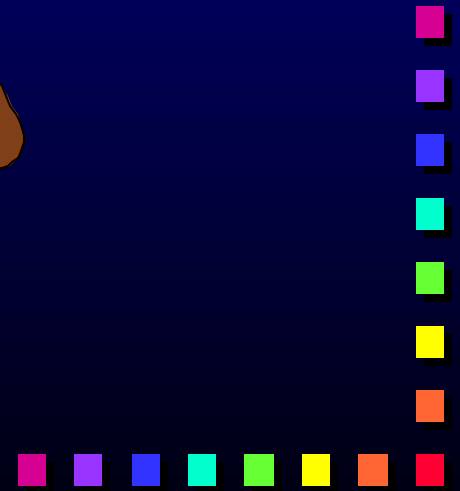
That new model is...



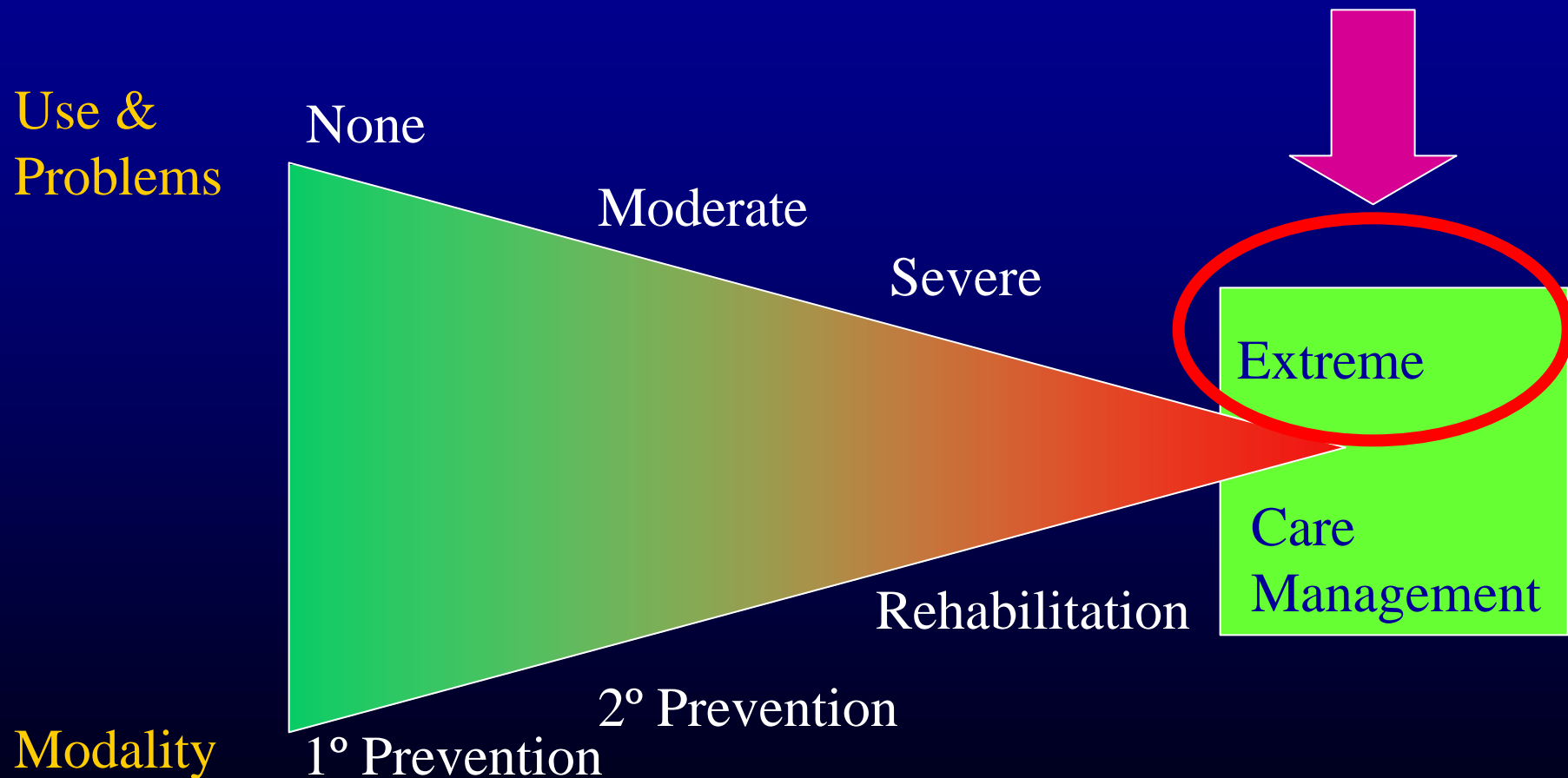
Care Management for Chronic Addictions



Application of CMCA



CMCA Is Indicated for the Most Severe Cases



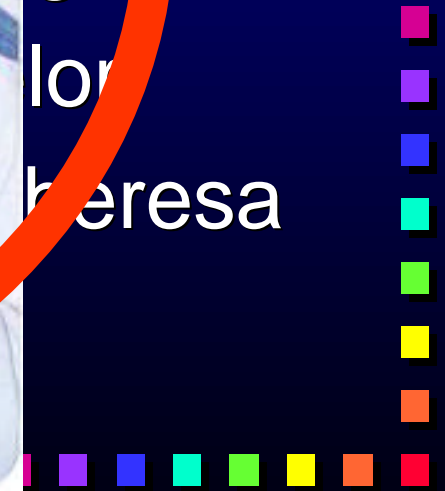
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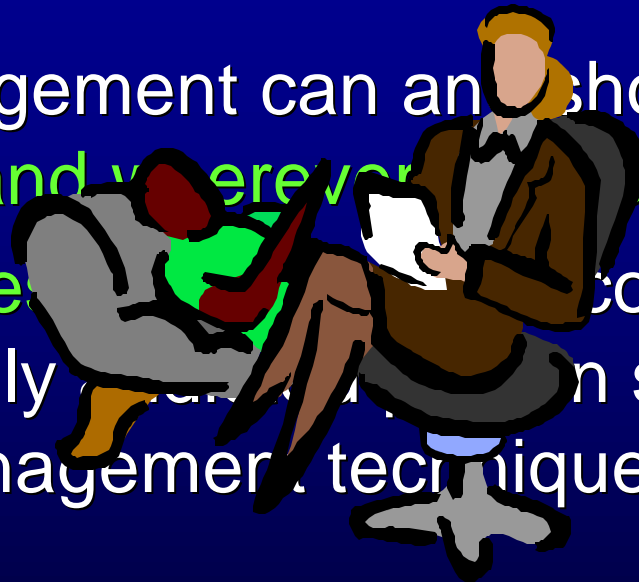


Dr. M. Theres

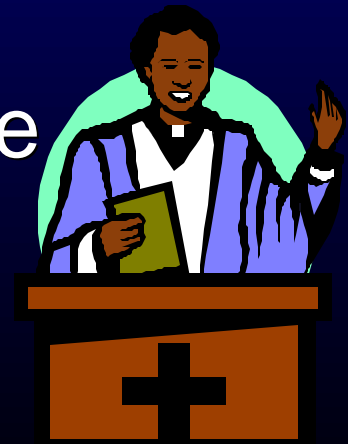
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Who should do it?



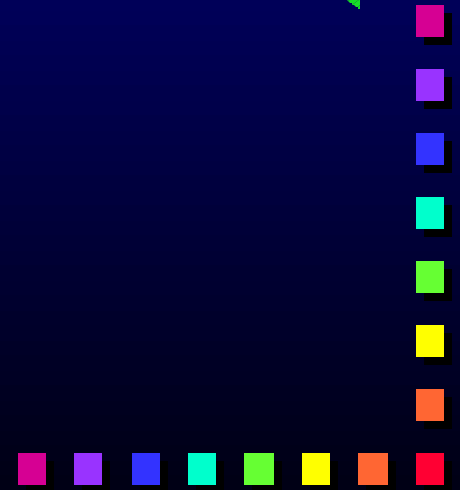
- Examples: nurse, social worker, case manager, aid, minister, doctor, counselor, psychologist, etc.



How should we do it?

CMCA Goals

- Engagement
- Coordination of care
- Reduce suffering
- Treat complications
- Improve motivation to change



Motivational enhancement

■ Stages of change:

- Lack of awareness
- Ambivalence
- Changing
- Maintaining change
- Relapse

Raise
Discuss
pros and cons

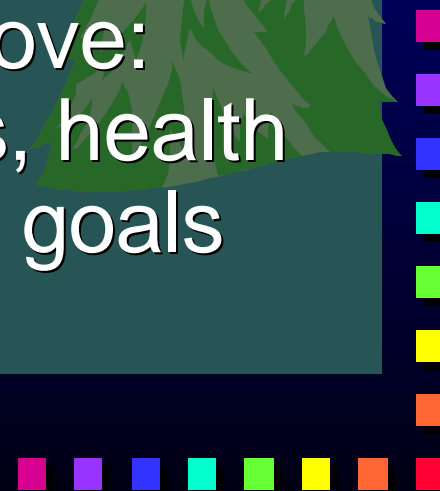
The diagram illustrates the Stages of Change model. A large red spiral arrow starts at the bottom and points upwards, passing through the stages of change. To the right of the arrow, a blue box contains the text 'Raise', 'Discuss', and 'pros and cons'. Two blue arrows point from this box towards the 'Lack of awareness' and 'Ambivalence' stages. At the bottom right, there are two rows of small colored squares: a vertical column of seven squares (pink, purple, blue, cyan, green, yellow, orange) and a horizontal row of eight squares (pink, purple, blue, cyan, green, yellow, orange, red).

Lack of Awareness



Environmental interventions

- Used when client unable or unwilling to change, and problems are severe
- Placing barriers to substance use: asset management, legal coercion, placement in sober environment
- Providing opportunities to improve: working with families, agencies, health care providers to work towards goals

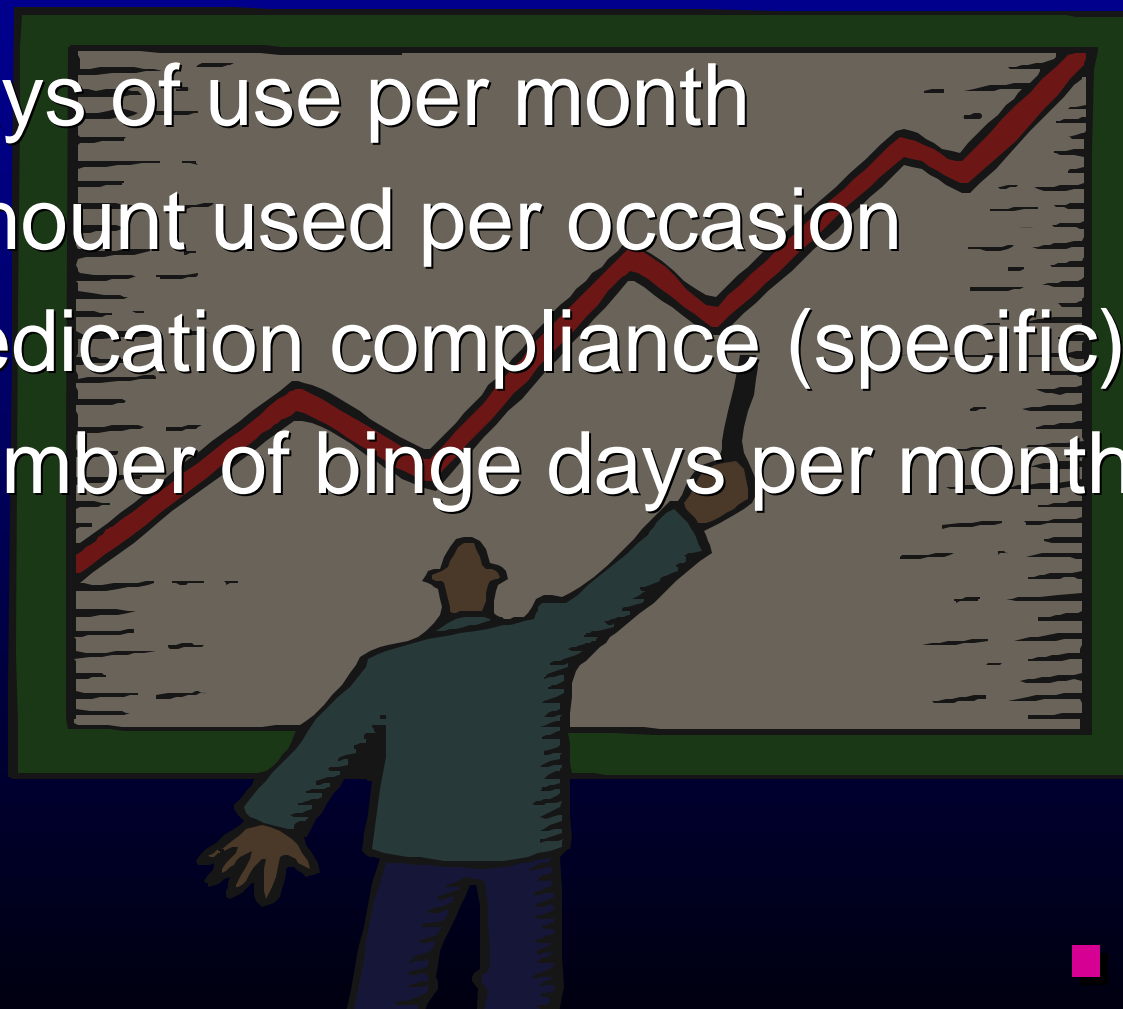


Gravel Road Therapy

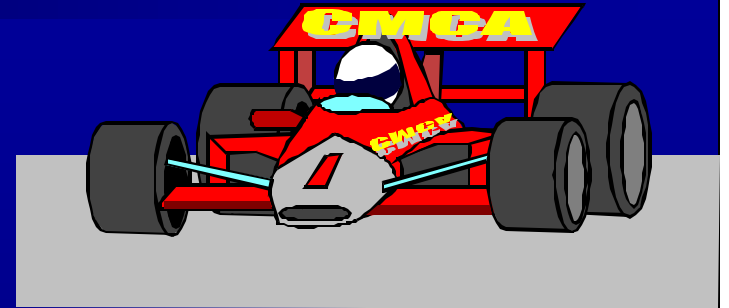


Continuous outcomes & goals

- Days of use per month
- Amount used per occasion
- Medication compliance (specific)
- Number of binge days per month



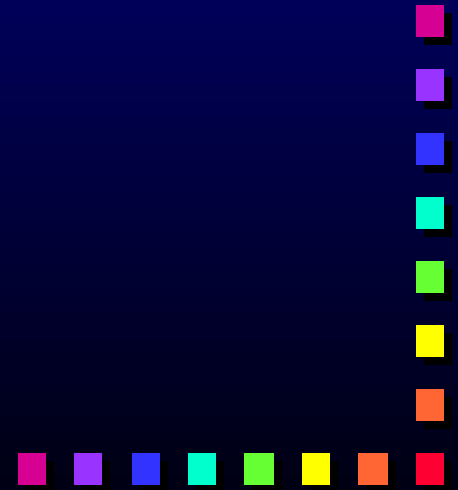
CMCA Principles



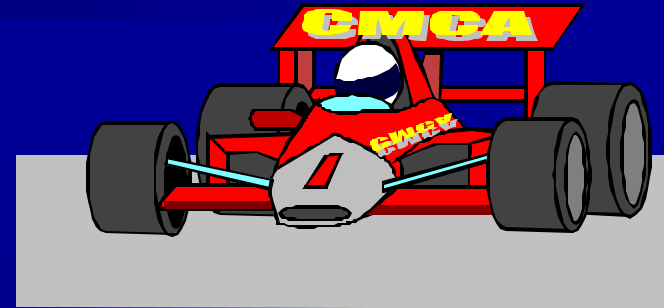
- Supportive, engaging approach
- Document substance use systematically at each visit

Document substance use:

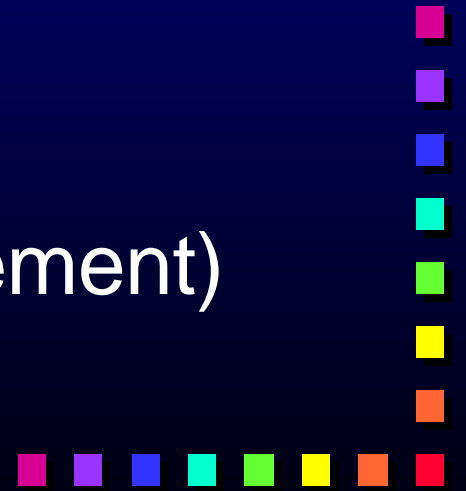
- Drinking or using days last 30
- Typical # drinks/drinking day
- Max # drinks/24 hrs last 30
- Bingeing



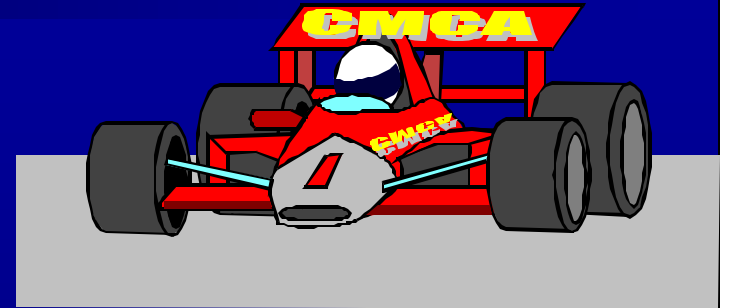
CMCA Principles



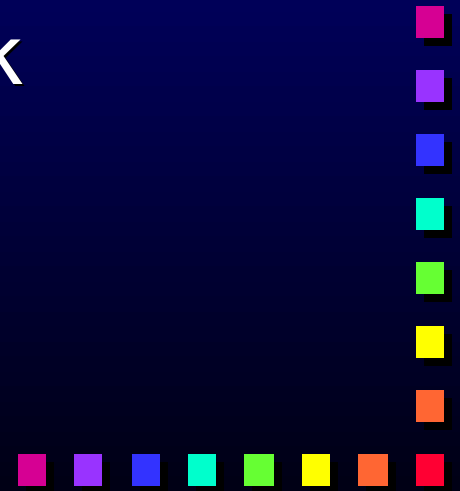
- Supportive, engaging approach
- Document substance use systematically at each visit
- Address substance use or relapse risk at each visit
- Provide motivational support
- Coordinate care (case management)



CMCA Principles



- Treat complications and co-existing disorders if possible
- Address co-existing social problems (housing, income support, socialization)
- Engage and use social network
- Treat nicotine dependence
- Provide OAT if appropriate

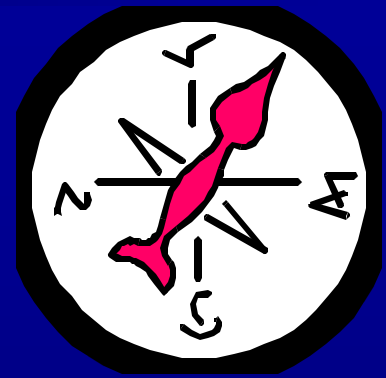


Treatment Refusal

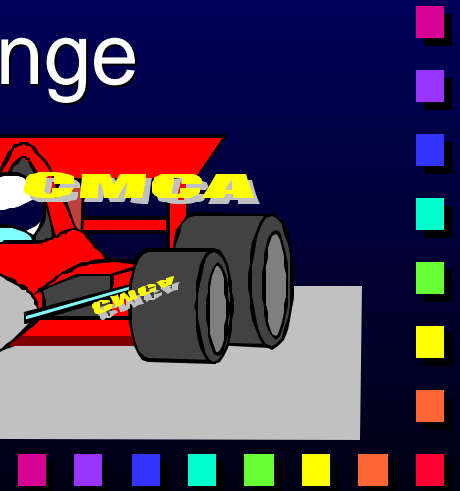
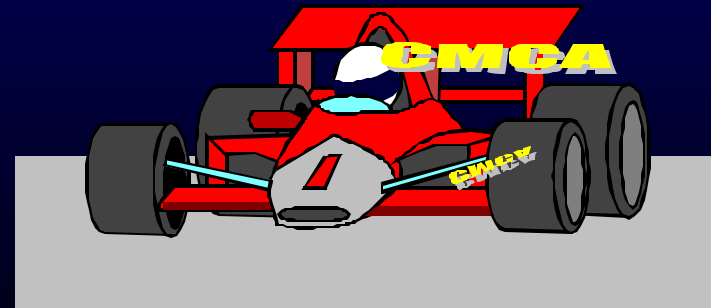
- Episodic care only
- Crisis intervention
- Case management
- Continue attempts to engage
- Involuntary treatment when indicated
- Asset management when indicated



CMCA Reassessment



- Reassess goals periodically
- Long-term, ideal goal remains full remission and improvement in all co-existing conditions
- Refer to rehab when goals change

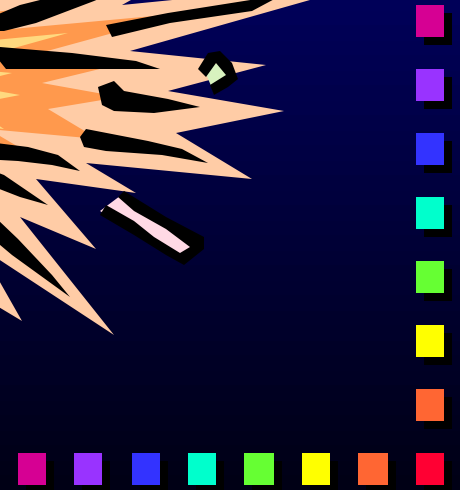
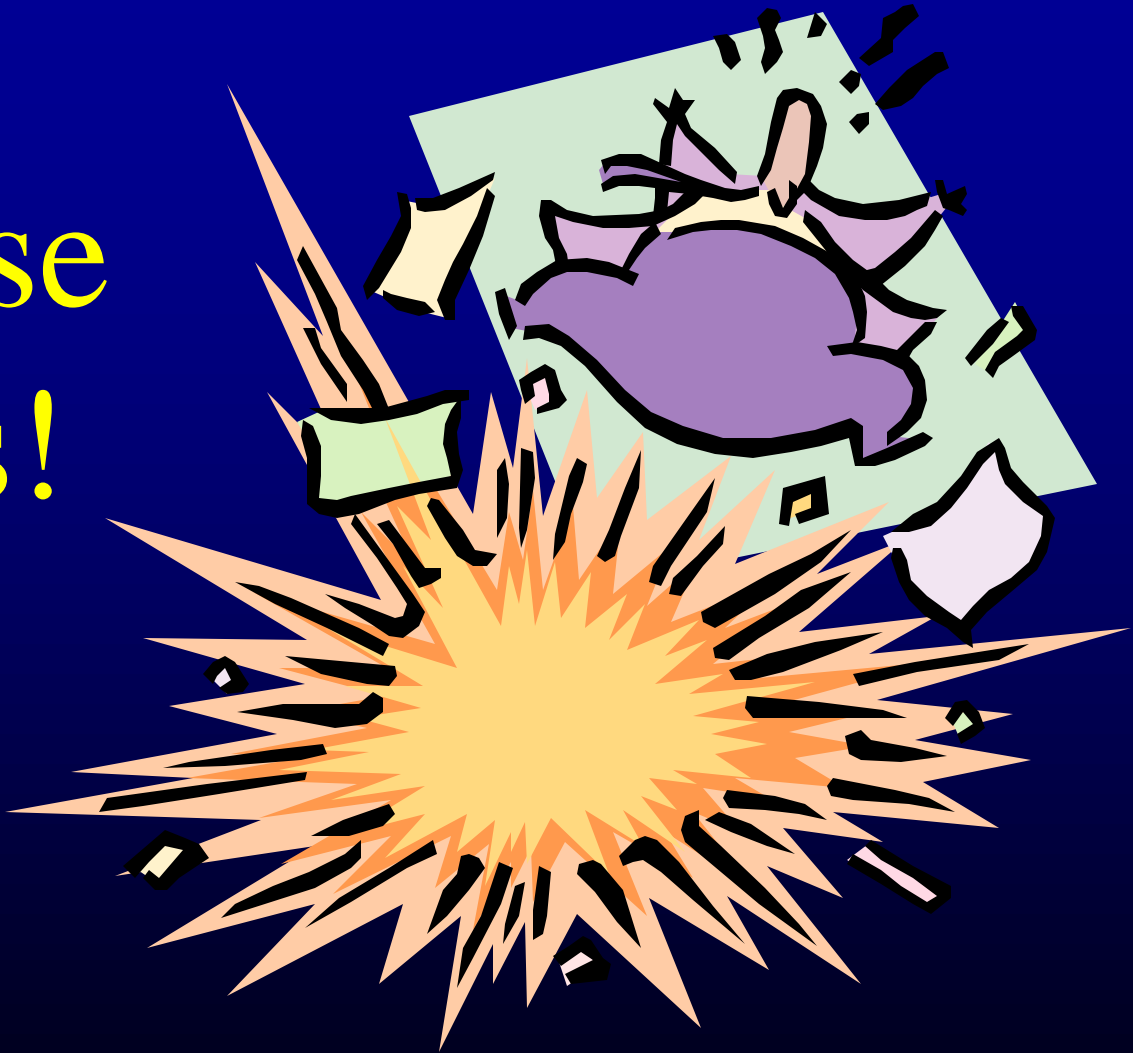


Does It Work?

Application of Care Management: Medically Ill Heavy Drinkers



What?
Of Course
It Works!



Application of Care Management: Chick and Colleagues (1991)

- **Sample:** male medical inpatients with alcohol related problems or excessive consumption.
- **Intervention:** brief intervention w/ nurse + a pamphlet or usual care



Application of Care Management: Chick and Colleagues (1991)

■ 1 year follow up:

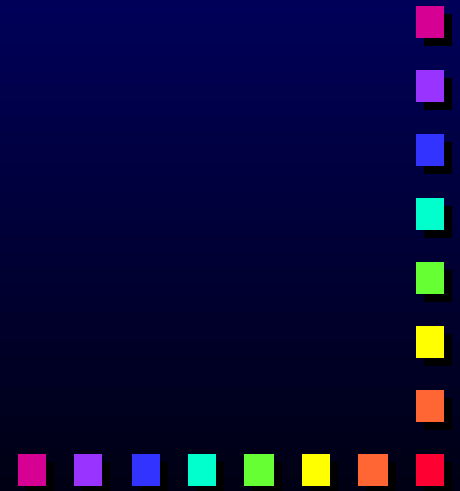
- greater improvement in GGT and problem scores
- more likely to be definitely improved



Application of Care Management: Kristenson and Colleagues

■ Sample:

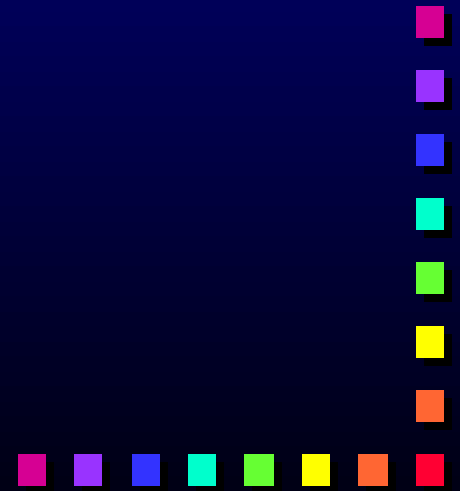
- Middle aged Swedish men
- Elevated GGT



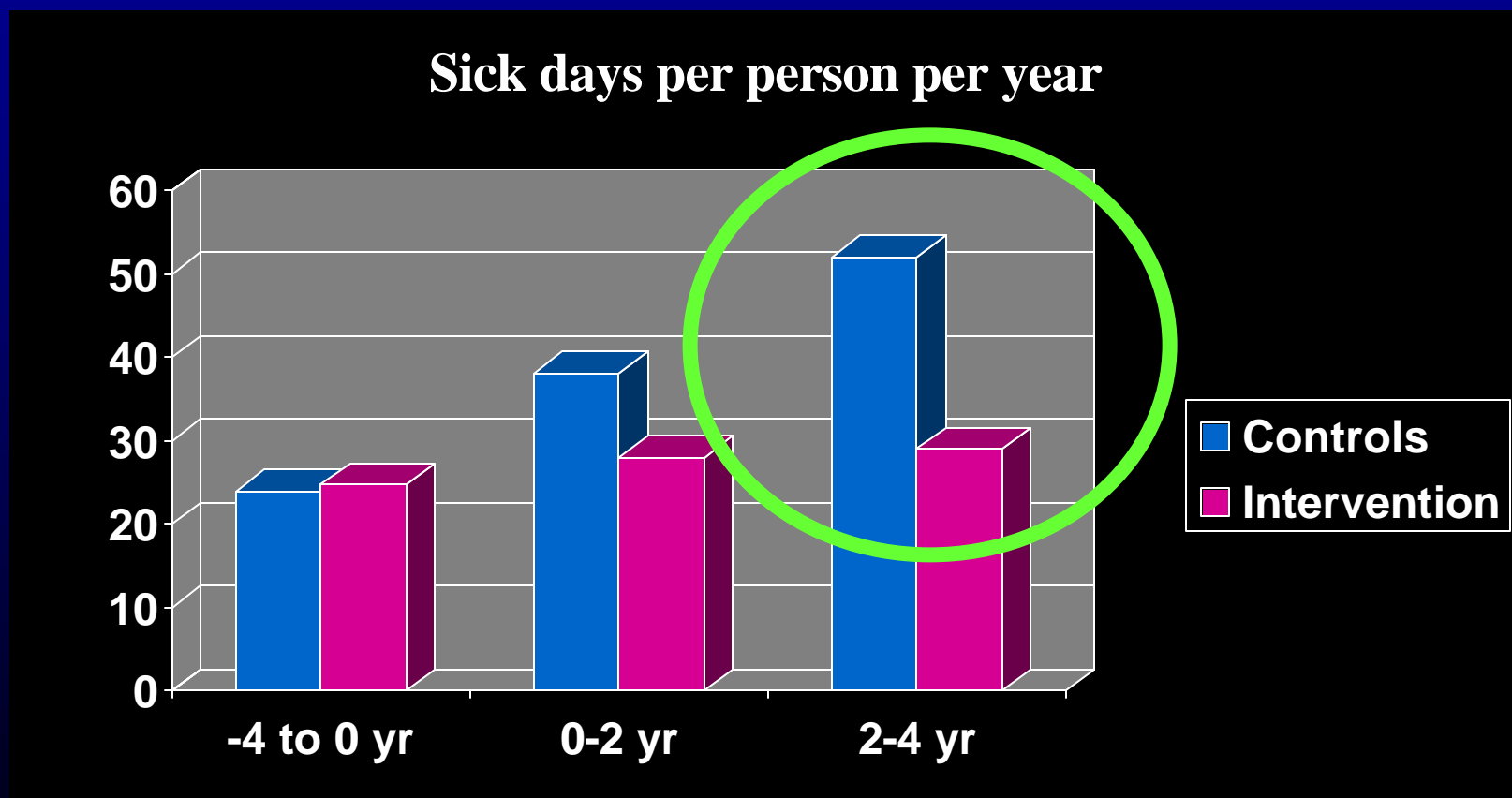
Application of Care Management: Kristenson and Colleagues

■ Intervention

- Monthly visits w/ nurse
- Feedback on GGT
- Urged to quit/cut down



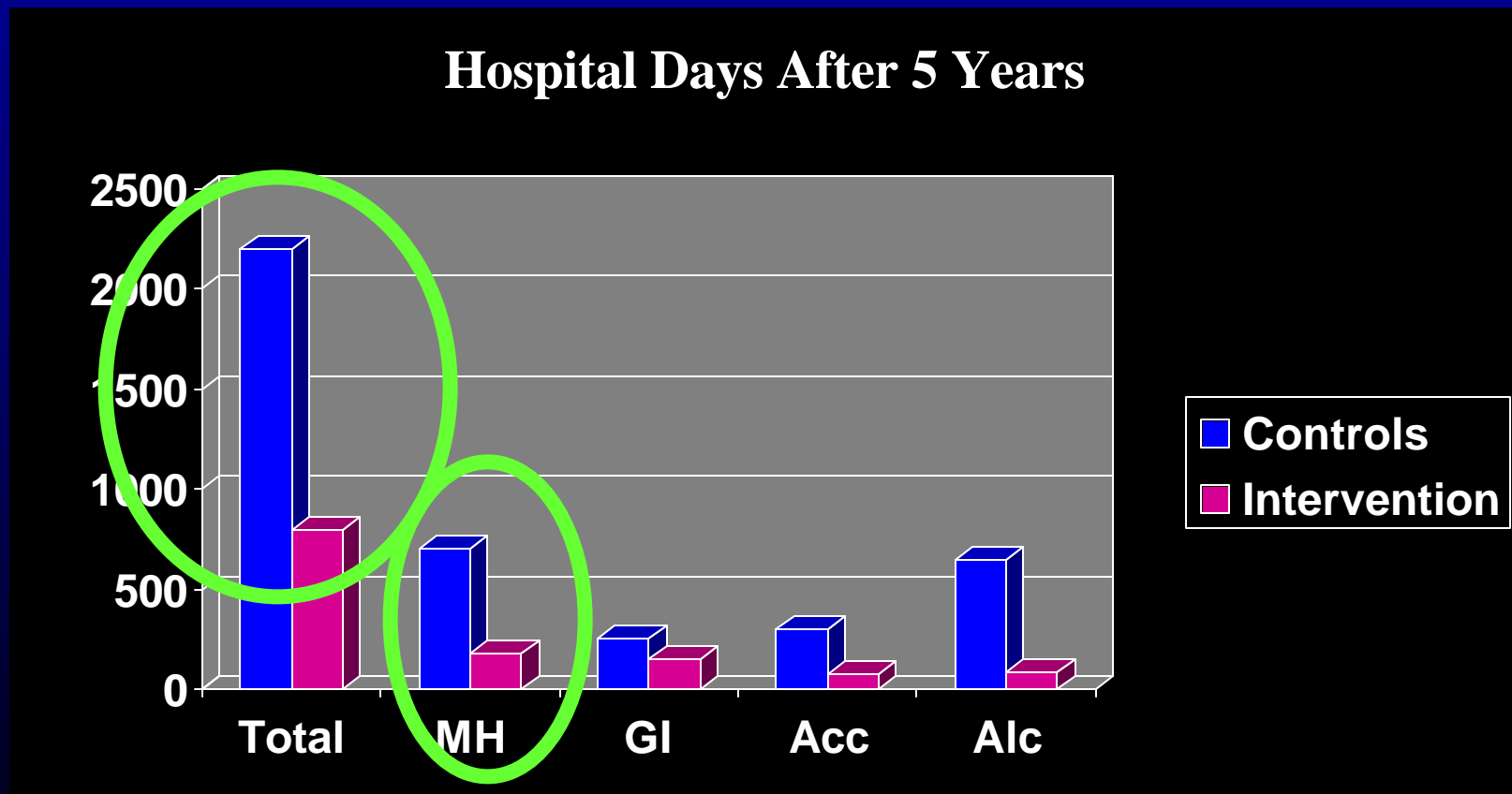
Application of Care Management: Medically Ill Heavy Drinkers



Kristenson et al., 1983



Application of Care Management: Medically Ill Heavy Drinkers



Kristenson et al., 1983



Application of Care Management: Integrated Outpatient Treatment (IOT) for Medically Ill Alcoholics

■ Sample:

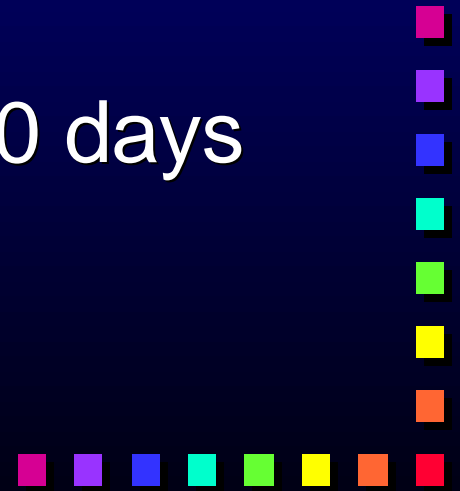
- Serious medical complication of EtOH
- Caucasian men from Lake Wobegon
- Average age 55
- 75% not married
- 75% unemployed/retired/disabled



Application of Care Management: Integrated Outpatient Treatment (IOT) for Medically Ill Alcoholics

■ Sample:

- 3 prior alcoholism treatments
- 2 DWIs
- Drinking 10 drinks/day, 15/30 days
- 5/9 DSM-III-R criteria



Application of Care Management: Integrated Outpatient Treatment (IOT) for Medically Ill Alcoholics

■ Intervention:

- Primary care through IOT Clinic
- Staffing: internist, NP, MSW (PhD, Psych)
- Minimum monthly visits first year



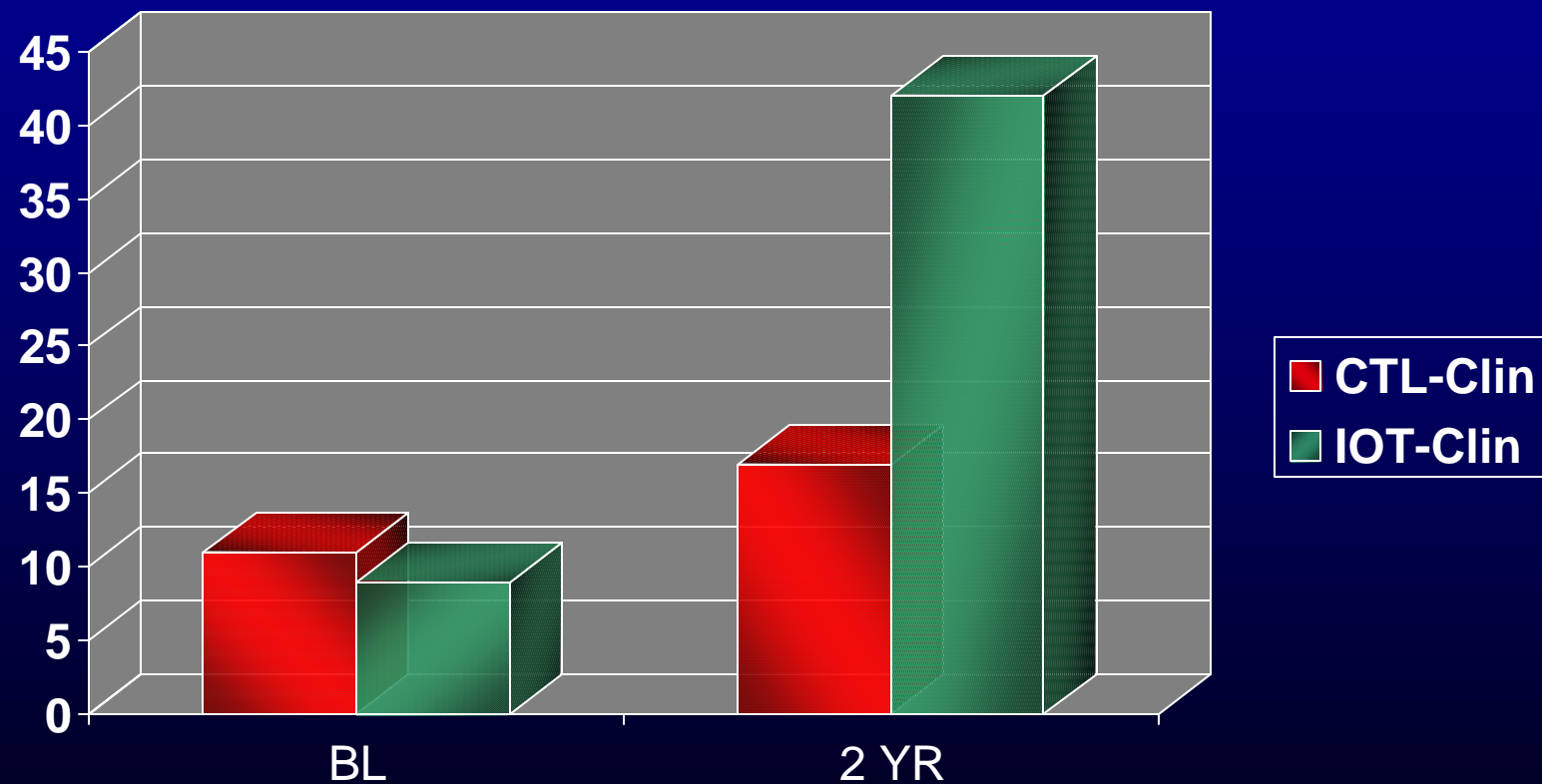
Application of Care Management: Integrated Outpatient Treatment (IOT) for Medically Ill Alcoholics

■ Intervention:

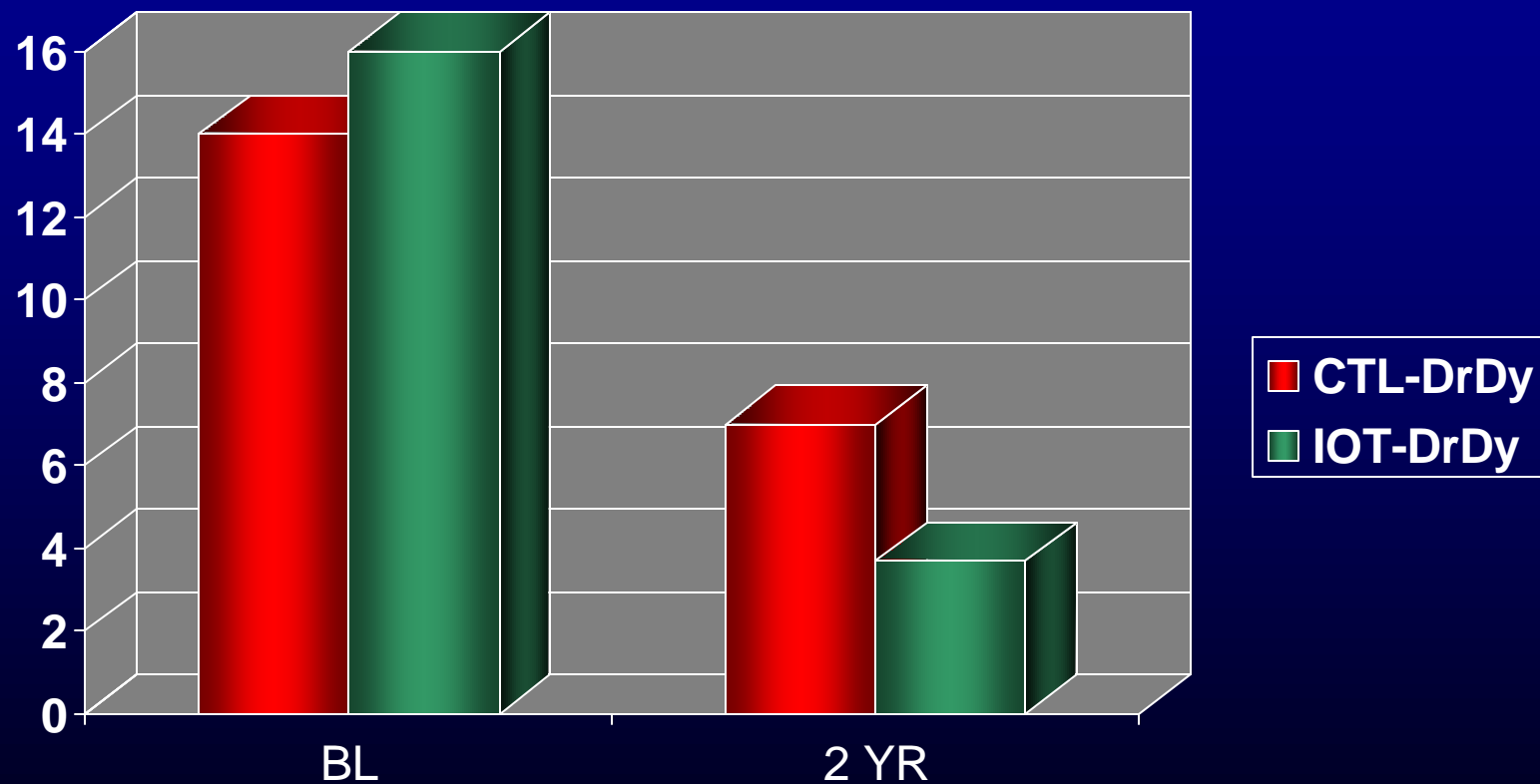
- Follow LFTs & other biological indicators
- Give feedback, encourage to cut down, etc
- Family, social needs addressed



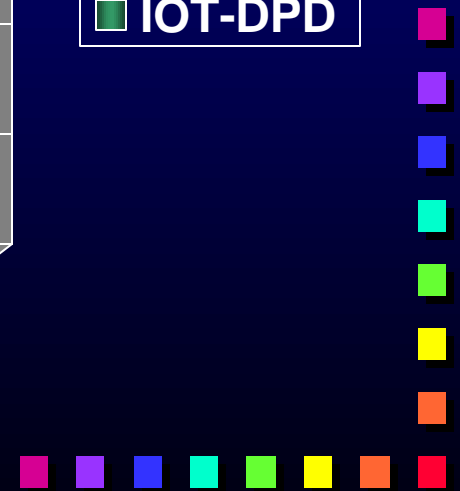
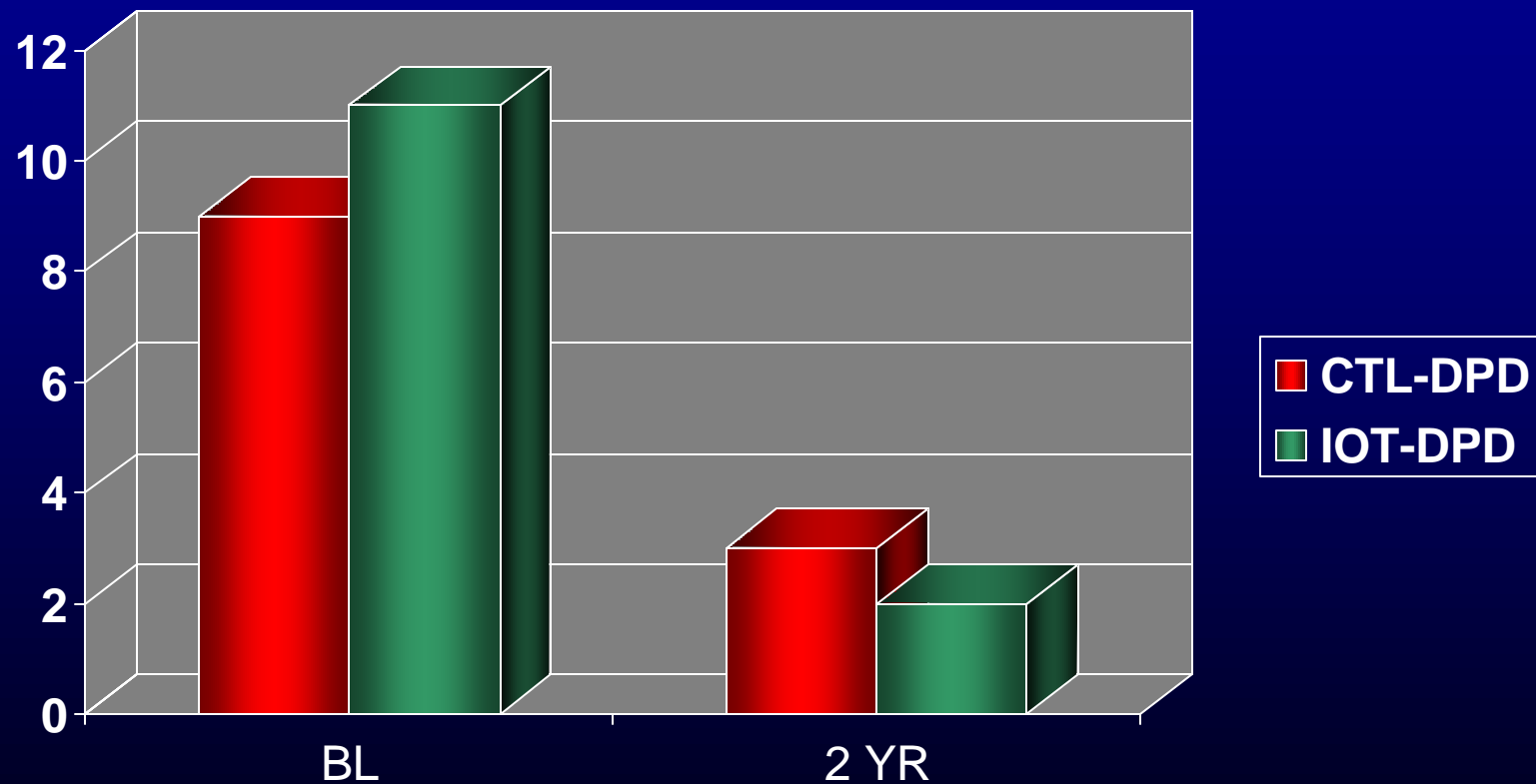
IOT Results: Clinic Visits



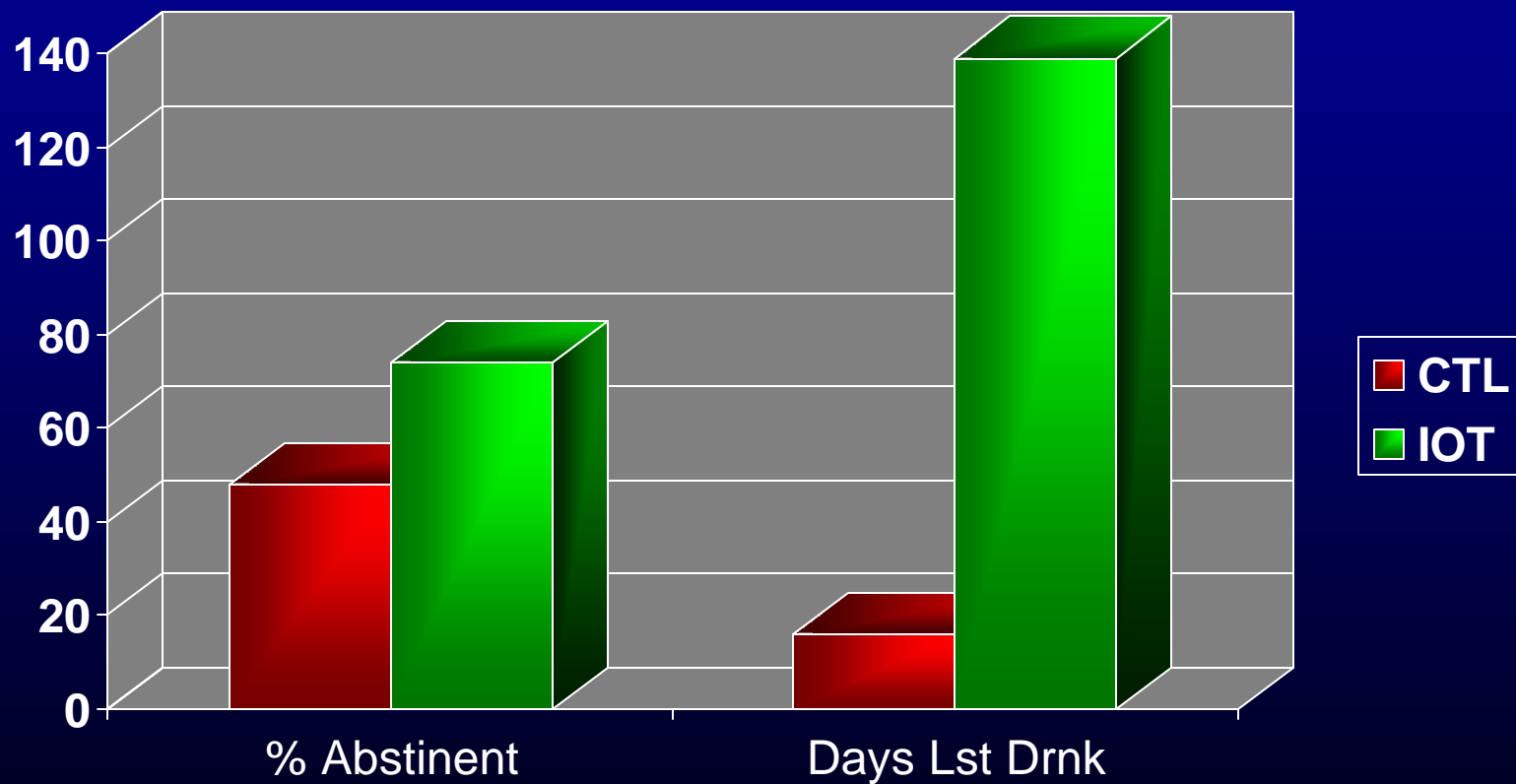
IOT 2 Year Results- Drinking Days



IOT 2 Year Results- Drinks per day

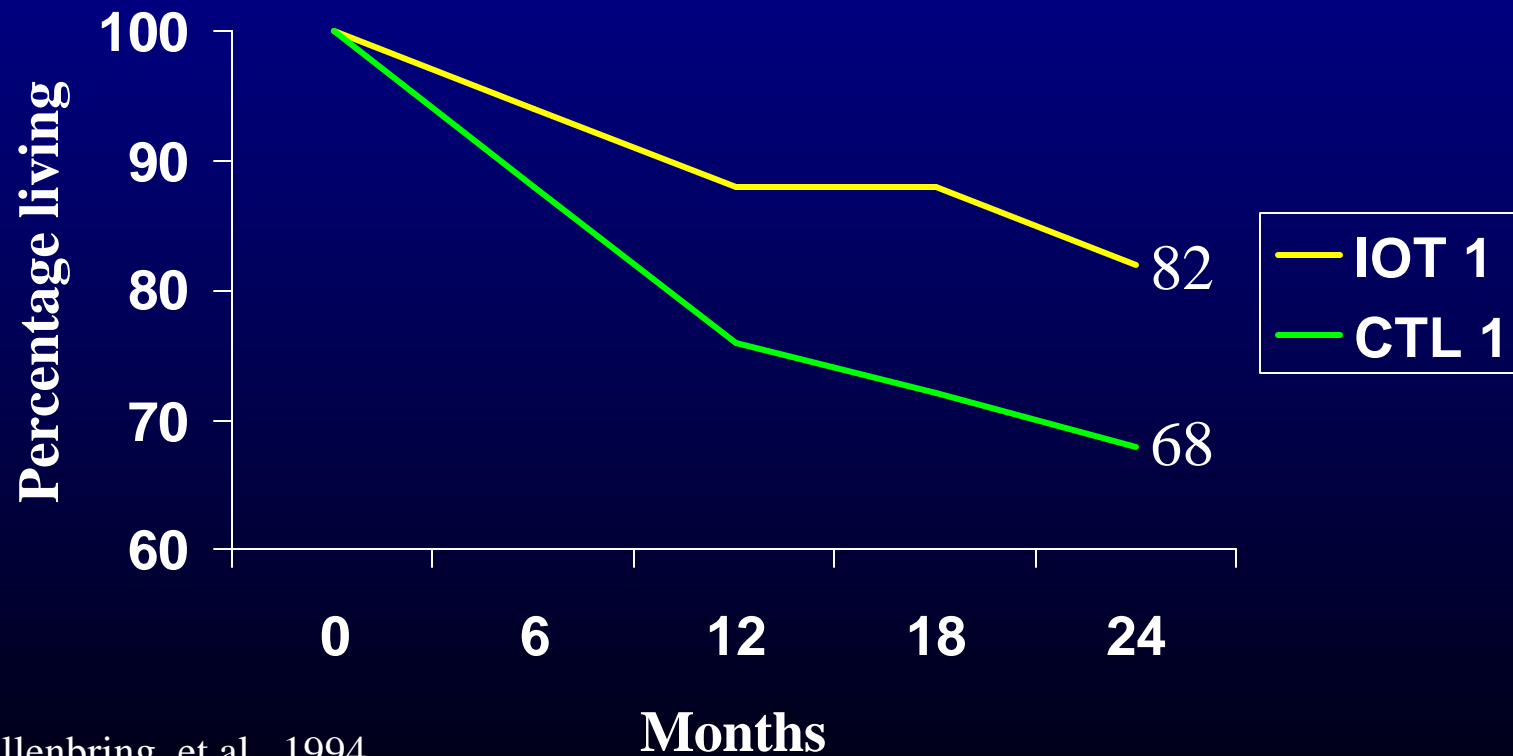


IOT 2 Year Results- Abstinence



IOT for Medically Ill Alcoholics

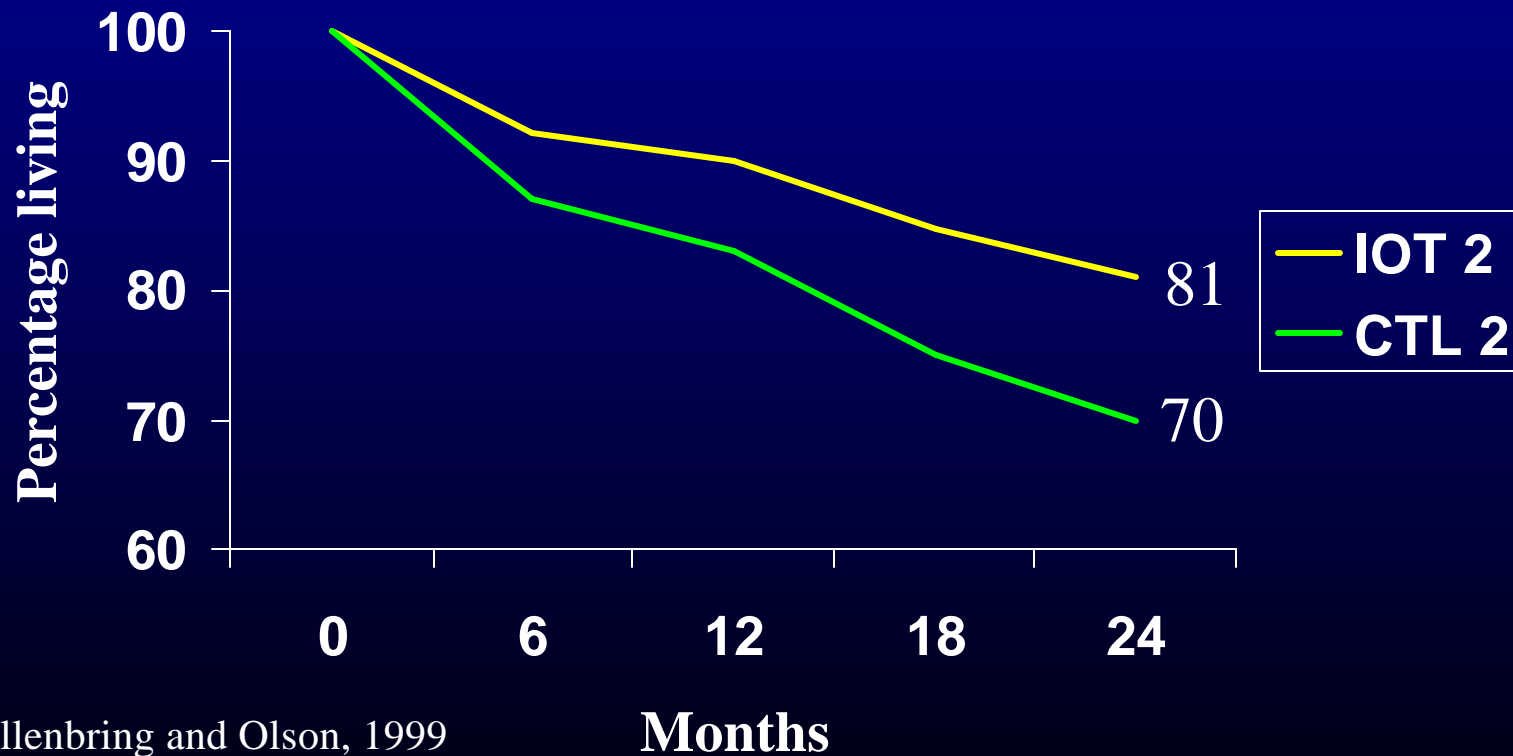
Survival



Willenbring, et al., 1994

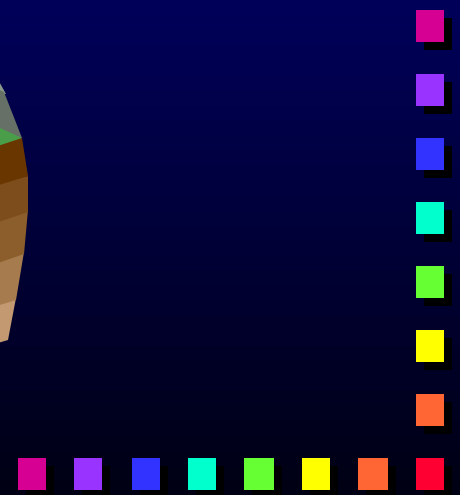
IOT for Medically Ill Alcoholics

Survival

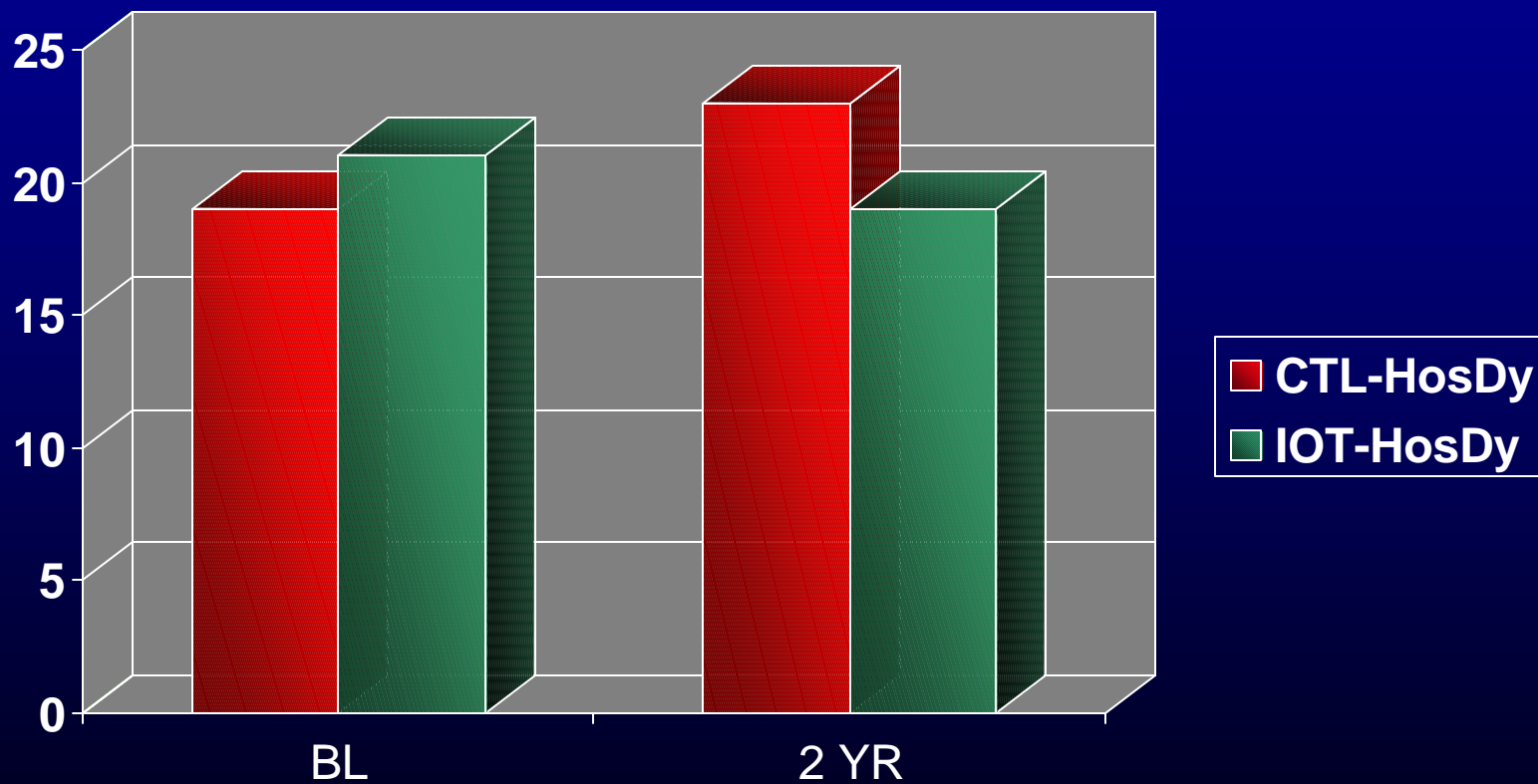


Willenbring and Olson, 1999

Months



IOT Results: Hospital Days



Lecture Informed Consent

Real Life Adventures by Wise & Aldrich

BEFORE WE START, THE LAW NOW
REQUIRES ME TO READ YOU THE
POSSIBLE SIDE EFFECTS: "MAY INCLUDE
NAUSEA, DIZZINESS, DROWSINESS,
LIGHT-HEADEDNESS, DEPRESSION,
DISORIENTATION, HEADACHE AND
BLURRED VISION."



IOT Results: Psych/CD Days

